



Eligibility Screening Record

This record must be completed by the child's parent, guardian, or health care provider for children who receive immunizations through the Utah VFC Program.

Today's Date _____
Month Day Year

Child's Name _____
Last Name First Name Middle Initial

Date of Birth _____
Month Day Year

Parent or Guardian's Name _____
Last Name First Name Middle Initial

Health Care Provider _____

To be completed by health care provider

This record must be kept with this child's medical record. It may be used for all subsequent visits, as long as the child's eligibility status has not changed. If eligibility status changes, a new form must be completed. Parents or guardians should be asked about eligibility status at each visit. **Verification of a child's eligibility status is NOT required.**

The above named child qualifies for immunization through the Utah VFC Program because he or she is less than 19 years of age and (check only one):

_____ is enrolled in Medicaid.

_____ does not have any health insurance.

_____ is American Indian or Alaskan Native.

_____ is underinsured.



El Registro de la Selección de la Elegibilidad

Este registro debe ser completada por el padre del niño, por el guardián, o por el doctor para los niños quién reciben las vacunas por El Program de Vacunas para los Niños del Estado de Utah.

La Fecha de Hoy _____
Mes Dia Año

Nombre del Niño _____
Apellido Nombre Inicial del Segundo Nombre

La Fecha del Nacimiento _____
Mes Dia Año

Nombre del Padre o Guardián _____
Apellido Nombre Inicial del Segundo Nombre

Nombre del Doctor _____

Esta Sección debe ser completada por el doctor.

This record must be kept with this child's medical record. It may be used for all subsequent visits, as long as the child's eligibility status has not changed. If eligibility status changes, a new form must be completed. Parents or guardians should be asked about eligibility status at each visit. **Verification of a child's eligibility status is NOT required.**

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